

Name
in
Full

Eliza Catharine Bowen

CERTIFICATE OF DEATH

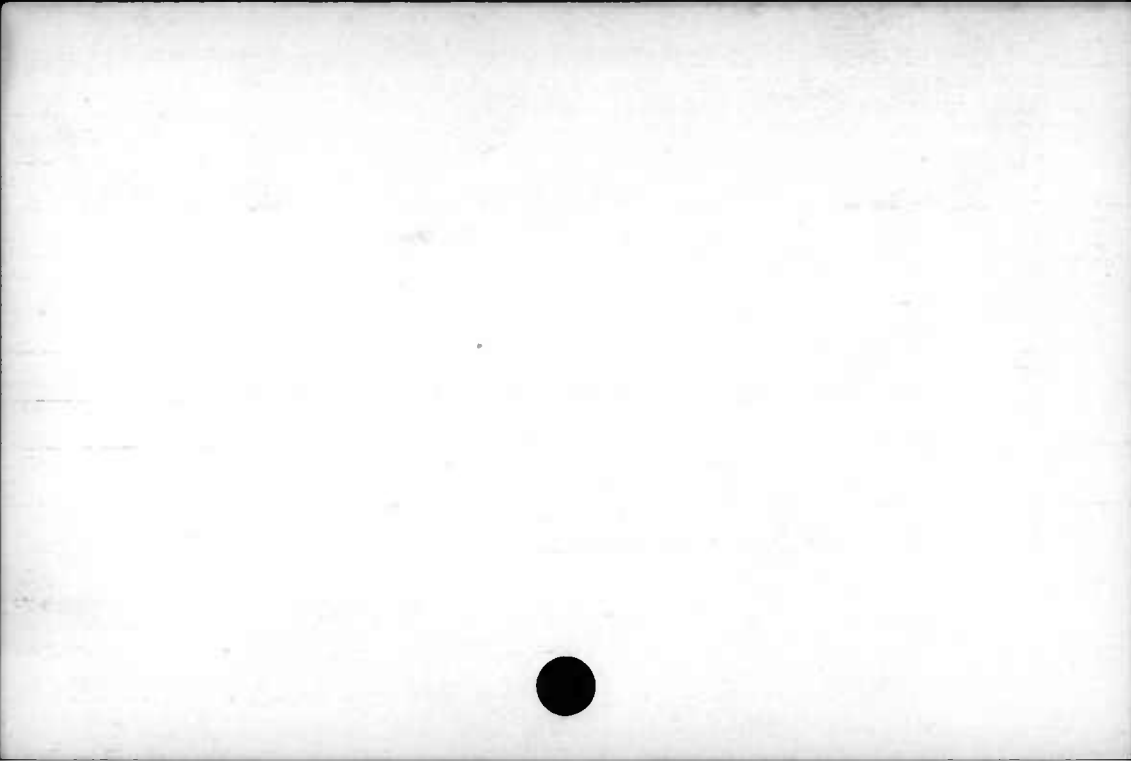
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>home</i> <i>Barstow</i> <i>Calvert</i> County		State <i>MARYLAND</i>	
Date of death 190 <i>2</i> <i>Nov</i> <i>25</i>	Age <i>59</i> <i>7</i> <i>months</i>	Years	Months
Sex <i>woman</i>	Color or Race <i>white</i>	Birth-place <i>Calvert Co.</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Housekeeping</i>		
Name of Wife or Husband <i>Wm H. Bowen of D</i>			
Father's Name <i>Robert Buckler</i>	Father's Birthplace <i>St. Marys Co.</i>		
Mother's Maiden Name <i>Rebecca Brinkley</i>	Mother's Birthplace <i>Calvert Co.</i>		
Name of person giving information <i>W. H. Bowen</i>	How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Regurgitation</i> <i>79</i>	How long <i>2 yrs</i>
Immediate <i>Dropsy</i>	How long <i>6 mds</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. N. King M.D.</i>
	Address <i>Barstow Md.</i>
Accident or Suicide?	



Name
in
Full

Daniel Isaac Brooks

CERTIFICATE OF DEATH

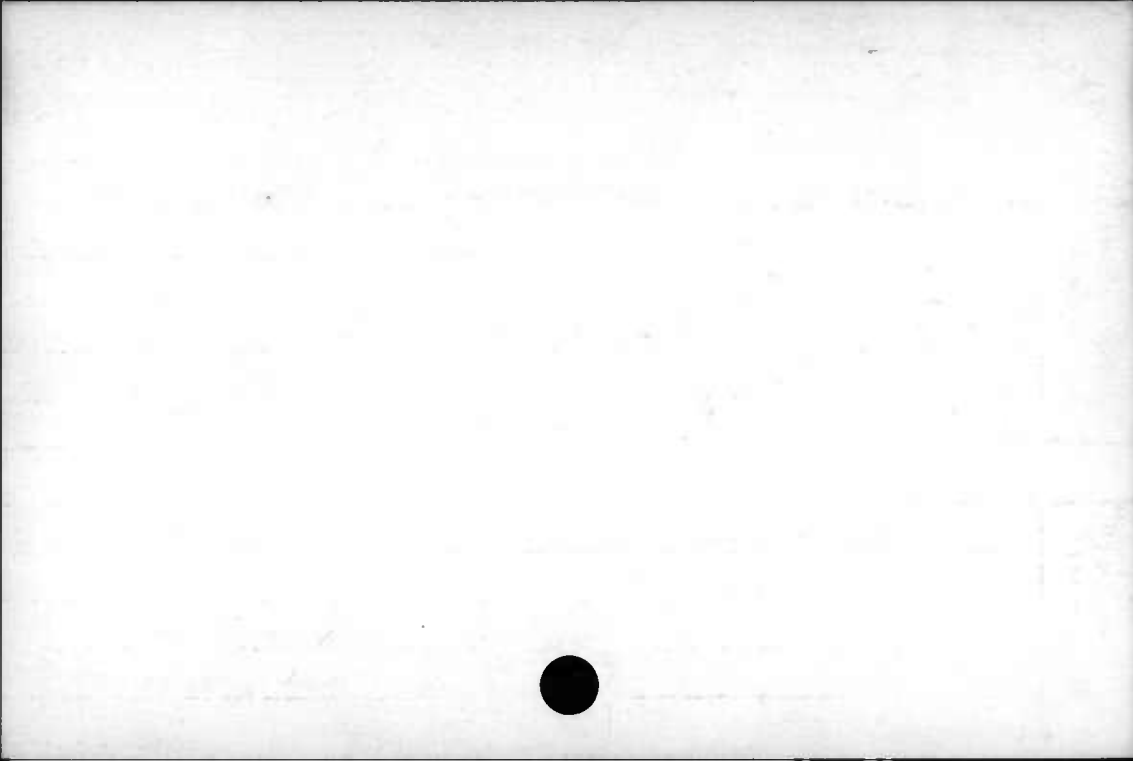
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Olivet</i> ^{Town}		<i>Calvert</i> ^{County}			
Date of death 190	<i>2</i> ^{Month}	<i>Nov.</i> ^{Day}	<i>22</i> ^{Years}	Age <i>—</i>	Months <i>10</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert Co.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>James E. Brooks</i>			Father's Birthplace <i>Calvert Co.</i>		
Mother's Maiden Name <i>Mamie Purvey</i>			Mother's Birthplace <i>Calvert Co.</i>		
Name of person giving information <i>James E. Brooks</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Whooping Cough</i>	How long	<i>3 or 4 weeks</i>
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. T. Chambers, M.D.</i>	
			Address <i>Bertha, Calvert Co.</i>	
Accident or Suicide?				



Name
in
Full

Isaac Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Solomons		Calvert					
Date of death	190	2	Month	Nov.	Day	4	Age
2		Nov.		4		23	
Sex	Male		Color or Race	Colored		Birth-place	Calvert Co
Married, Single or Widowed	Single		Occupation	Oysterman			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Joshua Brooks				Calvert Co			
Mother's Maiden Name				Mother's Birthplace			
Rebecca Brooks				Calvert Co			
Name of person giving information				How related to deceased			
Joshua Brooks				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption		How long	about one year
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Dr. J. Chambers, M.D.	
			Address	
			Bertha, Calvert Co	
Accident or Suicide?				



Name in Full

Certificate of Death

Thomas Brooks

Town

County

MARYLAND

Died at

Bowen

Calvert

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

nov 3

Age

19

maryland farmer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Charles Brooks

Maiden Name

Susan white

Cause of

Primary

Consumption

How long sick

12 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. B. Stafford undertaker

Address

Bowen

maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70098



Name in Full

Certificate of Death

William Bromme 31
 Died at *Maunt Creek* Town *Calvert* County *MARYLAND*

Date 19*02* Month *Mar* Day *21* Y. *20* M. *10* D. *—* Native of *Calvert* Occupation *Sailor*
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sallie Butler

CERTIFICATE OF DEATH

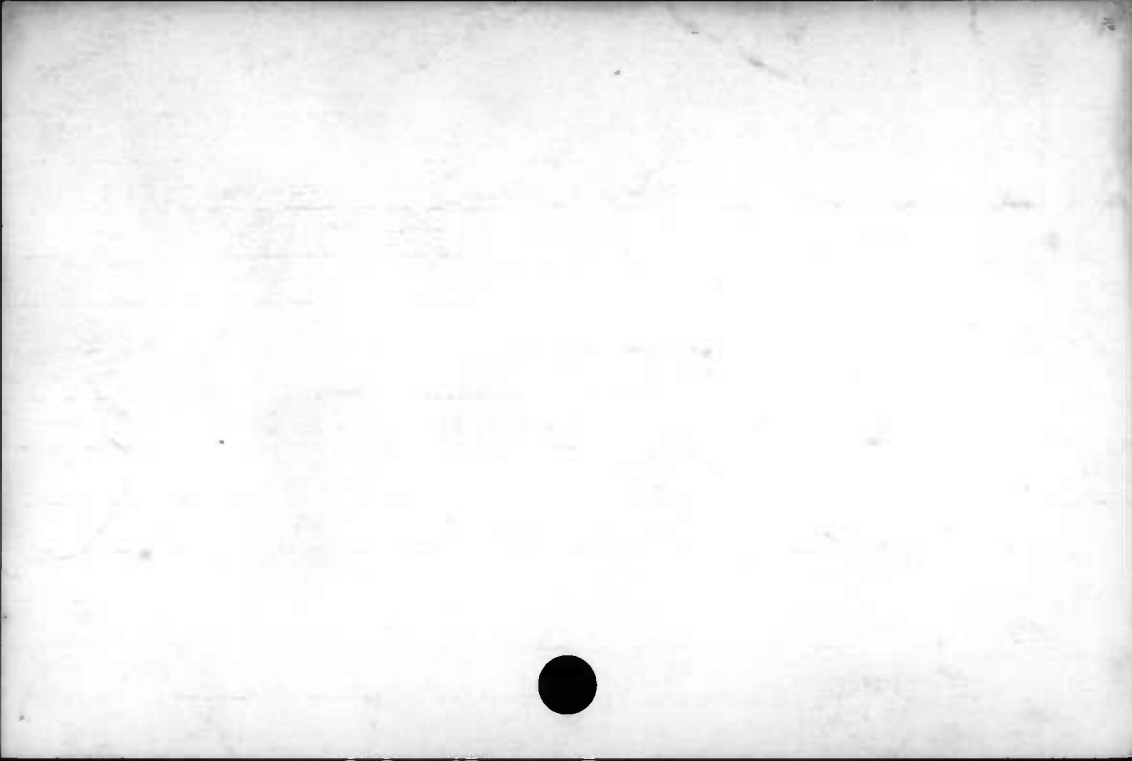
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Barstow</i>		County <i>Calvert</i>		MARYLAND	
Date of death 190	2	Month	<i>Nov</i>	Day	<i>19</i>	Years	<i>60</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles C Md</i>		Months	
Married, Single or Widowed		Occupation <i>Housewife</i>				Days	
Name of Wife <i>Wm</i> Butler							
Father's Name <i>Thomas Ford</i>				Father's Birthplace <i>Charles C Md</i>			
Mother's Maiden Name <i>— —</i>				Mother's Birthplace <i>79</i>			
Name of person giving information <i>Lucy Parks</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Artistic Regurgitation</i>	How long	<i>25 Yrs</i>
Immediate	<i>Dropsy</i>	How long	<i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. M. King</i>	
		Address <i>Barstow Md</i>	
Accident or Suicide?			



Name
in
Full

James Jessie Coberth 31
Town Baltimore County

CERTIFICATE OF DEATH

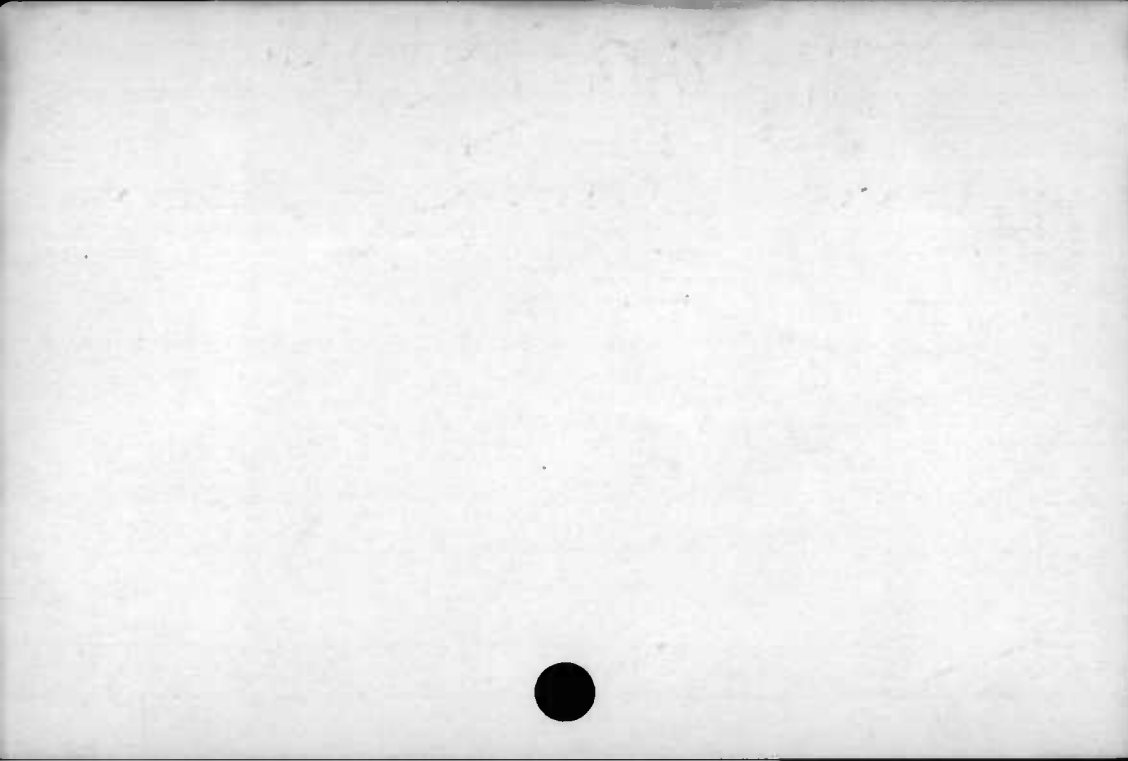
TO BE ANSWERED BY
NEAREST FRIEND

Died at		TOWN		COUNTY		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2 Nov.		3	31				
Sex male		Color or Race colored		Birth-place Baltimore			
Married, Single or Widowed		Occupation sailing					
Name of Wife or Husband							
Father's Name Edward Coberth				Father's Birthplace Baltimore			
Mother's Maiden Name Eliza Shaw				Mother's Birthplace Baltimore			
Name of person giving information Mary Coberth				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Tuberculosis 27		How long	
Immediate		Pneumonia		How long 2 months + 3	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address John Brooks			
Accident or Suicide?					



Name in Full

Certificate of Death

Perry Fowler

36

Died at *St. Francis*

Town

County

Calvert

MARYLAND

Date 1902 *Mar 24*

Month

Day

Age *4.10*

Y.

M.

D.

Native of *Calvert*

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's Name *Bing Fowler*Mother's
Maiden Name*Alice Buckmaster*Cause of Death { Primary *Marasmus*
Immediate *In anitum*

How long sick

105 2 wks~~Accident, Suicide, Homicide~~

Reported by

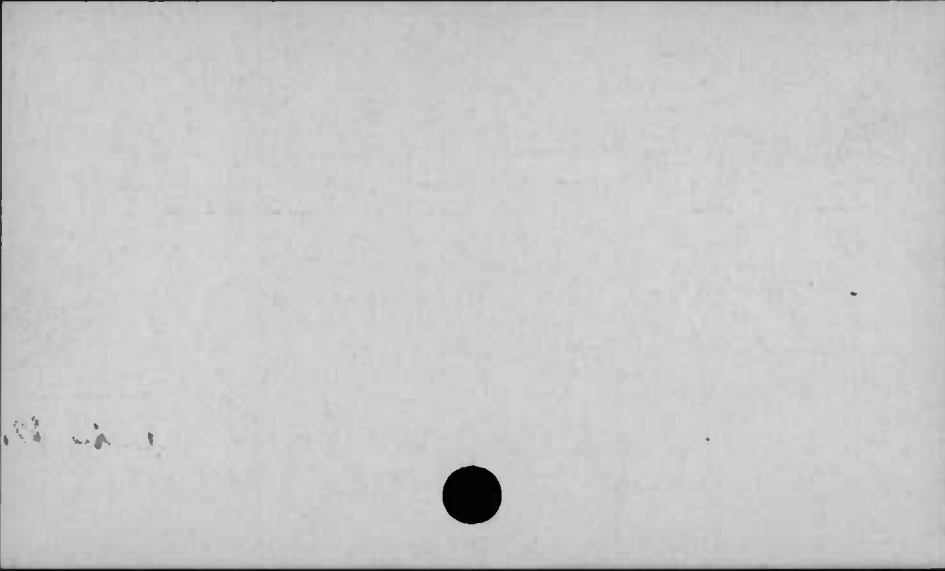
Dr. P. Buson

Address

*Calvert**Mutual*
MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70800



Name
in
Full

Samuel Harris

CERTIFICATE OF DEATH

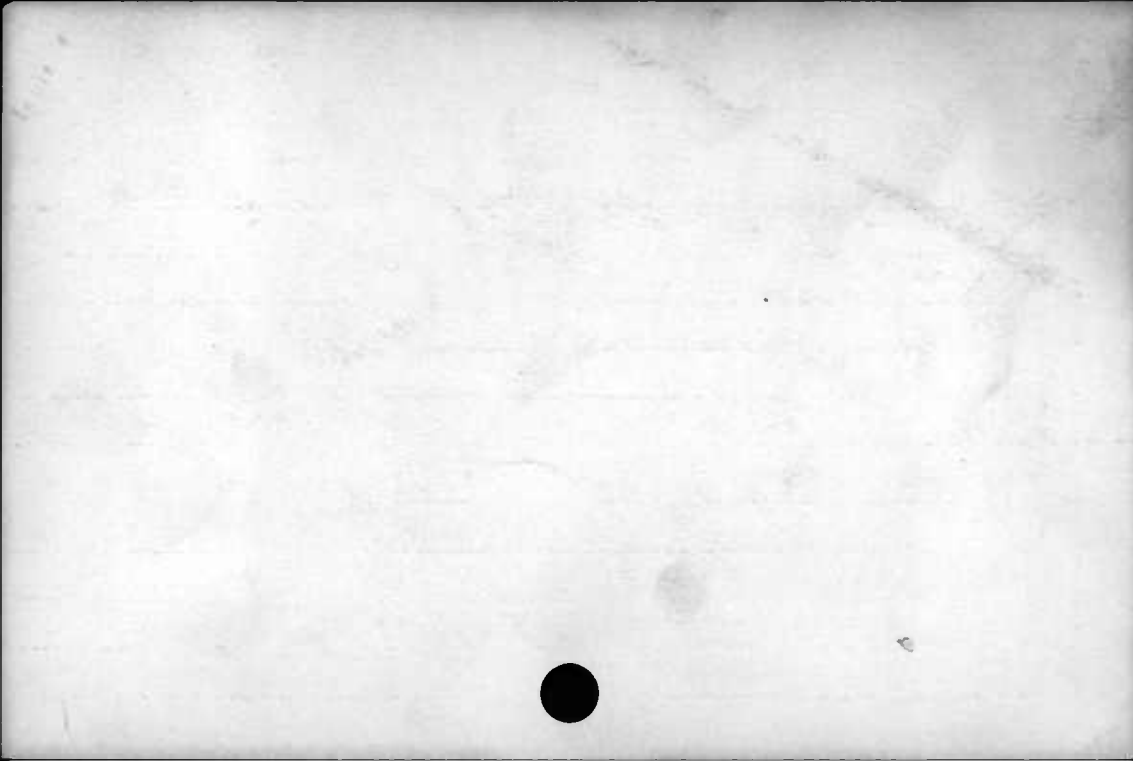
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lo. Marlboro</i> Town		<i>Bellevue</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>22</i>	Years <i>Age about 50</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>African</i>		Birth-place <i>P. Geo. Co.</i>	
Married, Single or Widowed			Occupation <i>Farm Hand</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Not Known</i>			Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>64</i>	How long
Immediate	<i>Apoplexy</i>	How long <i>2 hours —</i>
Are the name, age, sex, color, date and place correctly given above? <i>as near as possible</i>		Signature of Physician <i>E. H. Humeau</i>
<i>8</i> Accident or Suicide?		Address <i>Lo. Marlboro, Md.</i>



Name
in
Full

Young Hodester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

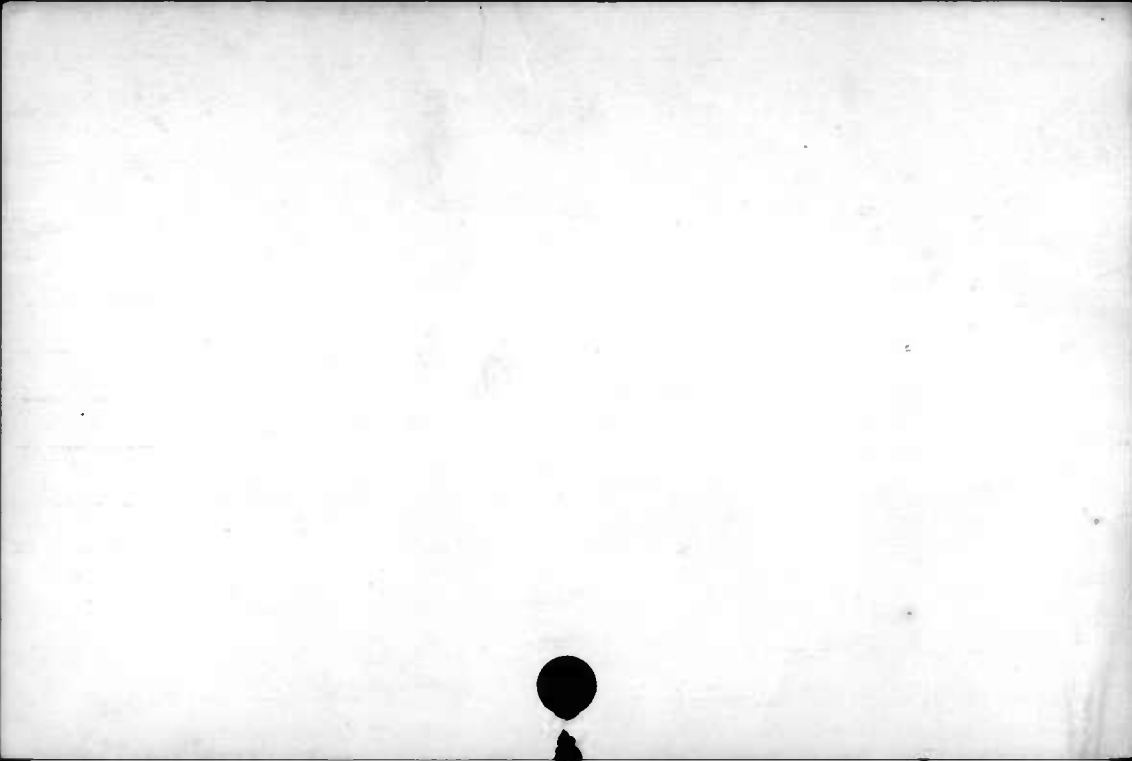
MARYLAND

Died at <i>Frederick</i> Town		<i>Calvert</i> County			
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>8</i>	Age <i>48</i> Years	Months	Days
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Calvert Co Md</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Ann Hardesty</i>					
Father's Name <i>Dont know</i>				Father's Birthplace <i>Cal. Co</i>	
Mother's Maiden Name <i>Dont know</i>				Mother's Birthplace <i>Cal. Co</i>	
Name of parson giving information <i>G. Frank Hardesty</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Tuberculosis</i>	How long	<i>3 m.</i>
Immediate	<i>Ulceration of the bowels</i>	How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician <i>A. M. King</i>	
		Address <i>Barstow Md</i>	
Accident or Suicide?			



Name
in
Full

34
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lizzie R. Jackson
Island Creek Calvert
County

Died Date of death 1902 Month Nov Day 16 Age Years Months 7 Days

Sex Female Color or Race Calvert Birth-place Cal. Co. n. Island Creek

Married, Single or Widowed Single Occupation

Name of Wife or Husband

Father's Name Thomas Jackson Father's Birthplace Calvert - C.O.

Mother's Maiden Name Leather Jackson Mother's Birthplace Calvert - C.V.

Name of person giving information Thomas Jackson How related to deceased

CAUSES OF DEATH

Whooping Cough
8
How long 2 weeks
How long

PHYSICIAN
OR CORONER

Primary

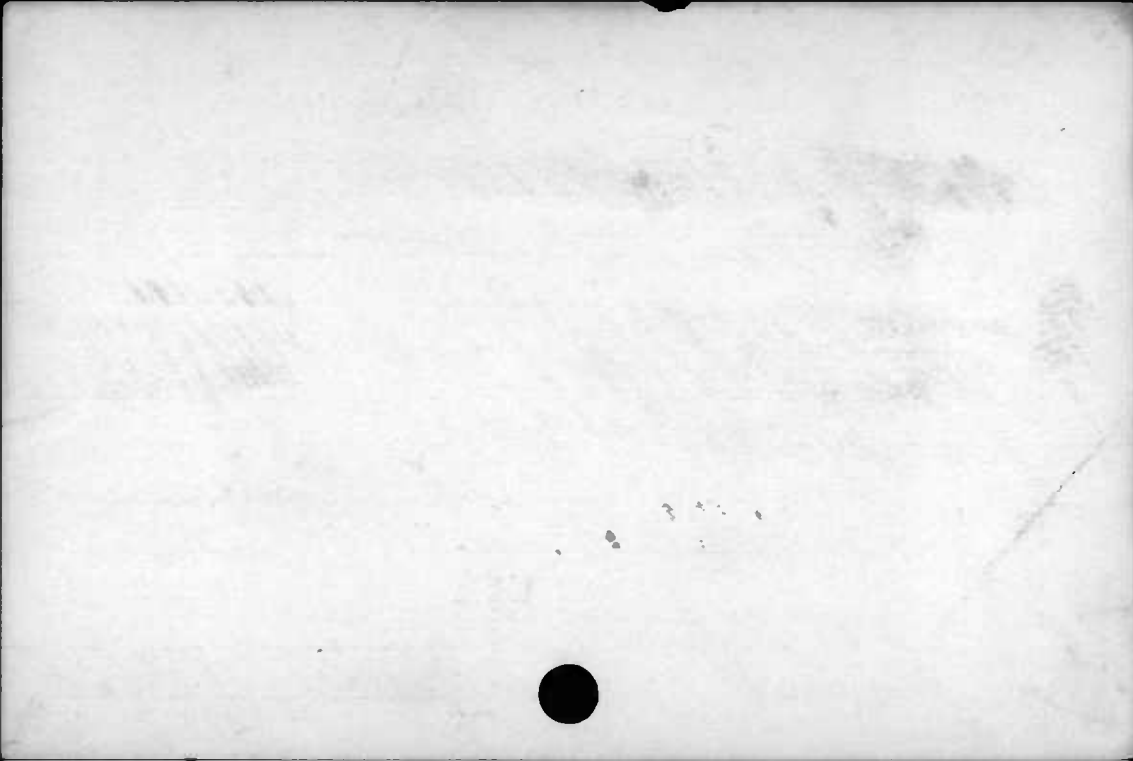
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address John J. Brooks

Accident or Suicide?



Name in Full

Certificate of Death

Lottie Janney

Town

County

MARYLAND

Died at

Bowers

Calvert

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 nov 6

Age

60

MD

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Wife

Ben Janney

Father's

Name

Mother's

Maiden Name

Lottie Janney

Cause of

Primary

Pericarditis

How long sick

6 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

W B Stafford

undertaker

Address

Bowers

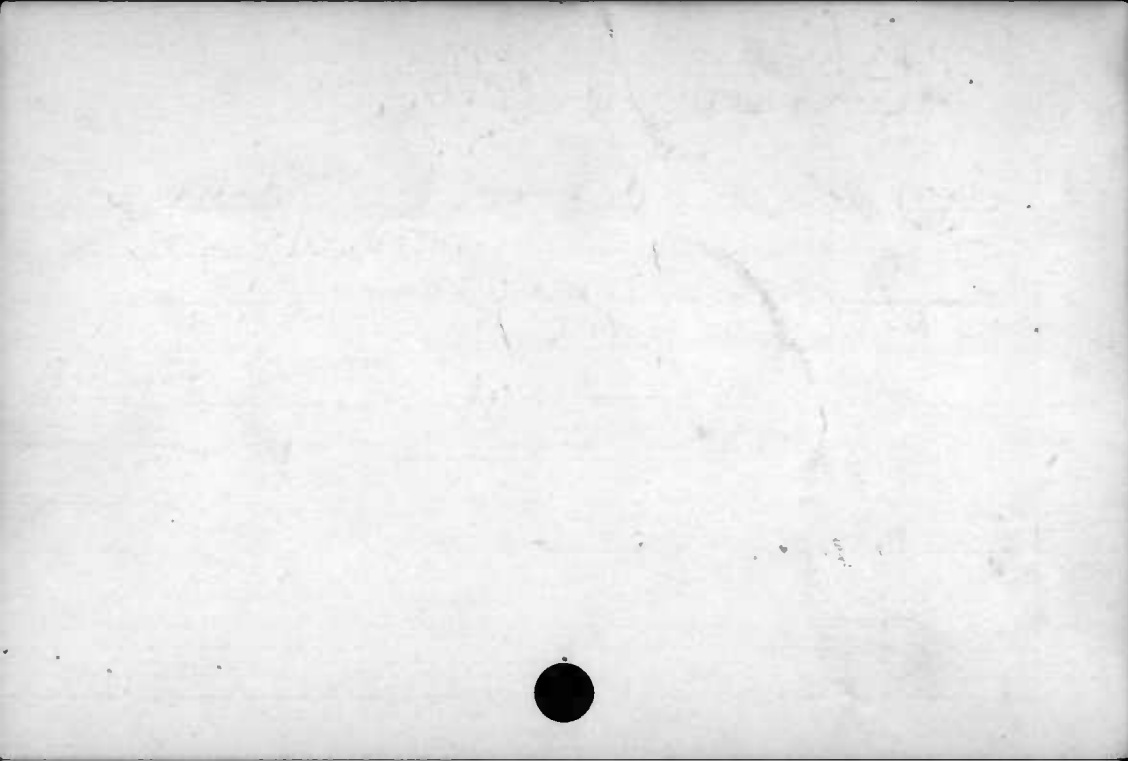
MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888



Name in Full		Mildred S. Johnson				32		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		St. Land Parish		County		MARYLAND	
		Date of death 1908		Month Nov		Day 3		Age 58	
		Sex Female		Color or Race colored		Birth- place Cahert			
		Married, Single or Widowed				Occupation housekeeping			
		Name of Wife or Husband		John S. Johnson					
		Father's Name		Harrie Egan		Father's Birthplace		Cahert	
		Mother's Maiden Name		Jesse E. Egan		Mother's Birthplace		Cahert	
		Name of person giving information		John Johnson		How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Consumption		27		How long	
		Immediate						How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		John S. Egan	
		Accident or Suicide?							



Name
in
Full

Eliza Wilson Kumar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Chesapeake Beach		Calvert					
Date of death	1902	Month	Nov.	Day	7	Years	Age 60
Sex	Female	Color or Race	Black	Birth-place	Cal. Co.	Months	Days
Married, Single or Widowed	Widowed			Occupation			
Name of Wife or Husband	William Kumar						
Father's Name	Not known					Father's Birthplace	
Mother's Maiden Name	"					Mother's Birthplace	
Name of person giving information	Benj. Jones					How related to deceased	No

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Intra Cerebral hemorrhage	How long	3 days
Immediate	64	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. W. Leitch	
		Address	
		Huntingtown Md.	
Accident or Suicide?			



Name In Full

Certificate of Death

Died at

Date 19

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

Melvin Murray

33

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Island Creek Town Colvert County

MARYLAND

Date of death 1902 Nov 11 Age 1 Years 4 Months Days

Sex Girl Color or Race Colored Birth-place Island Creek

Married, Single or Widowed single Occupation

Name of Wife or Husband

Father's Name Thomas Murray Jr Father's Birthplace Island Creek

Mother's Maiden Name Sarah F Chase Mother's Birthplace Island Creek

Name of person giving information willow Chase How related to deceased

CAUSES OF DEATH

Primary Whooping Cough 8 How long

Immediate 17 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address John P. Bickel

Accident or Suicide?



Name
in
Full

Louisa Taylor

CERTIFICATE OF DEATH

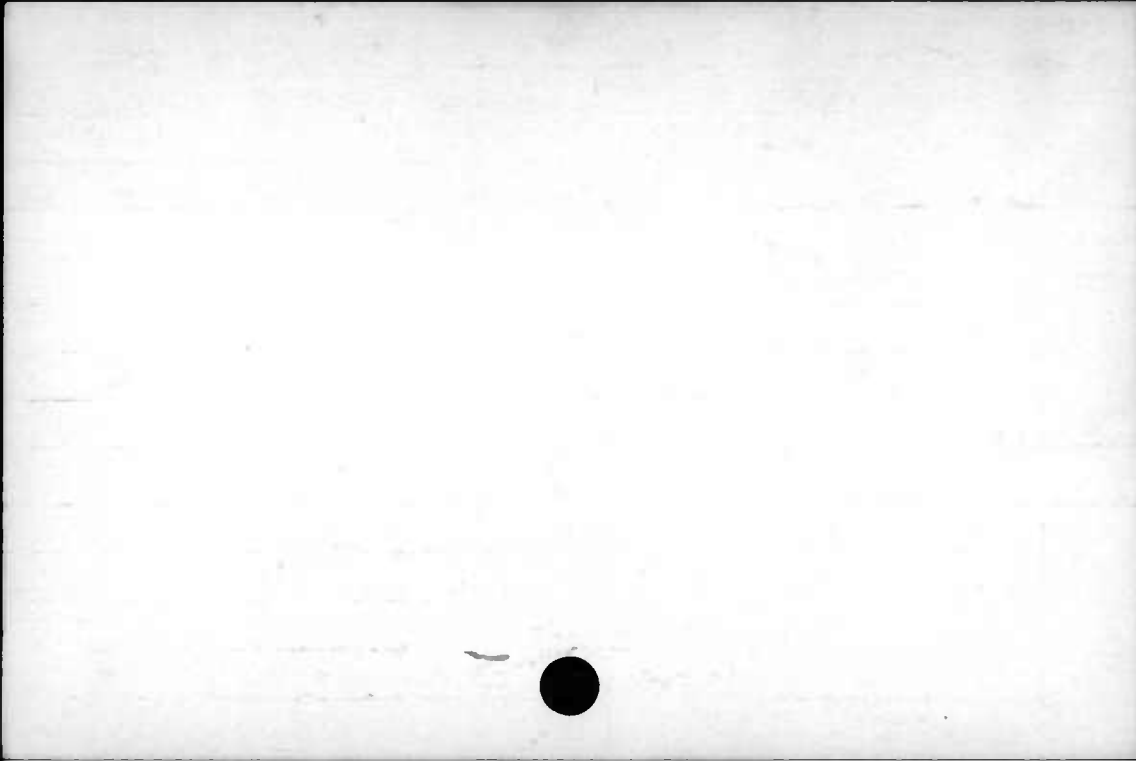
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Lusby		Calvert					
Date of death	190	2	Month	Nov.	25	Day	Age
Sex	Female		Color or Race	Colored		Birth-place	Calvert Co Md
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name				Fether's Birthplace			
Daniel Taylor				Calvert Co.			
Mother's Merden Name				Mother's Birthplace			
Lillie Jones				Calvert Co			
Name of person giving information				How related to deceased			
Mrs R.A. Bafford				Employer			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primery	71		How long
Immediate	Spasms		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
yrs		G. H. Chambers M.D.	Bertha, Calvert Co
Accident or Suicide?			



Name
in
Full

Henry Vaughan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Solomons		County Calvert		MARYLAND	
Date of death 190		Month November	Day 6	Age 83	Years 0	Months 0	Days 0
Sex Male		Color or Race White		Birth- place St Mary C. Md			
Married, Single or Widowed Widowed		Occupation Retired Pilot.					
Name of Wife or Husband Elizabeth B. Vaughan							
Father's Name Benj. Vaughan		Father's Birthplace St Mary C. Md.					
Mother's Maiden Name Susanna Norvell		Mother's Birthplace St. Mary's C. Md.					
Name of person giving In formation Pauline Vaughan		How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	6 yrs.
Immediate	Enteritis	How long	1 Month.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. H. Marsh,	
Address		Solomons	
		Md.	
Accident or Suicide?			

